



Your business
is our business.

REDACTED – FOR PUBLIC INSPECTION

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Greenbelt, Maryland 20770
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internet: www.jsitel.com, e-mail: jsi@jsitel.com

October 11, 2013

By Hand Delivery

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42
2013 ETC Annual Report of Blanchard Telephone Company
Study Area Code 310678**

Dear Ms. Dortch:

On behalf of Blanchard Telephone Company “Blanchard”, JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission’s rules.¹ Blanchard seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is also being filed this date via the FCC’s Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310678
<015> Study Area Name	BLANCHARD TEL ASSN
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Duane Bronson
<035> Contact Telephone Number: Number of the person identified in data line <030>	989-561-9930
<039> Contact Email Address: Email of the person identified in data line <030>	dbronson@blanchardtel.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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<i>(check box when complete)</i>		
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<310> Detail on Attempts (voice)	<i>(attach descriptive document)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<330> Detail on Attempts (broadband)	<i>(attach descriptive document)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>	
<420> Mobile	<input type="text"/>	
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<440> Fixed	<input type="text"/>	
<450> Mobile	<input type="text"/>	
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<510> <input type="text" value="310678mi510"/>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<610> <input type="text" value="310678mi610"/>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	<i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<1010> <input type="text"/>	<i>(attach descriptive document)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input style="background-color: #cccccc;" type="checkbox"/> <input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	<i>(check to indicate certification)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/> <input style="background-color: #cccccc;" type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310678
<015> Study Area Name	BLANCHARD TEL ASSN
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Duane Bronson
<035> Contact Telephone Number - Number of person identified in data line <030>	989-561-9930
<039> Contact Email Address - Email Address of person identified in data line <030>	dbronson@blanchardtel.com

<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	
<111>	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	310678
<015>	Study Area Name	BLANCHARD TEL ASSN
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Duane Bronson
<035>	Contact Telephone Number - Number of person identified in data line <030>	989-561-9930
<039>	Contact Email Address - Email Address of person identified in data line <030>	dbronson@blanchardtel.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310678
<015>	Study Area Name	BLANCHARD TEL ASSN
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Duane Bronson
<035>	Contact Telephone Number - Number of person identified in data line <030>	989-561-9930
<039>	Contact Email Address - Email Address of person identified in data line <030>	dbronson@blanchardtel.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310678
<015>	Study Area Name	BLANCHARD TEL ASSN
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Duane Bronson
<035>	Contact Telephone Number - Number of person identified in data line <030>	989-561-9930
<039>	Contact Email Address - Email Address of person identified in data line <030>	dbronson@blanchardtel.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 310678mi1210

Name of attached document (.pdf)

<1220> Link to Public Website HTTP _____

“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

<1222> Details on the number of minutes provided as part of the plan,

<1223> Additional charges for toll calls, and rates for each such plan.

(2000) Price Cap Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	July 2013

<010>	Study Area Code	310678
<015>	Study Area Name	BLANCHARD TEL ASSN
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Duane Bronson
<035>	Contact Telephone Number - Number of person identified in data line <030>	989-561-9930
<039>	Contact Email Address - Email Address of person identified in data line <030>	dbronson@blanchardtel.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
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Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>

<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	<input type="checkbox"/>
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(3000) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	310678
<015>	Study Area Name	BLANCHARD TEL ASSN
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Duane Bronson
<035>	Contact Telephone Number - Number of person identified in data line <030>	989-561-9930
<039>	Contact Email Address - Email Address of person identified in data line <030>	dbronson@blanchardtel.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information	<input type="checkbox"/> _____
(3011)	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	<input type="checkbox"/> _____
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input checked="" type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/> (Yes/No)
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="checkbox"/> _____
(3018)	If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		<input type="checkbox"/> (Yes/No)
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input checked="" type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input checked="" type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input checked="" type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	310678mi3026 _____

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310678
<015>	Study Area Name	BLANCHARD TEL ASSN
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Duane Bronson
<035>	Contact Telephone Number - Number of person identified in data line <030>	989-561-9930
<039>	Contact Email Address - Email Address of person identified in data line <030>	dbronson@blanchardtel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310678
<015>	Study Area Name	BLANCHARD TEL ASSN
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Duane Bronson
<035>	Contact Telephone Number - Number of person identified in data line <030>	989-561-9930
<039>	Contact Email Address - Email Address of person identified in data line <030>	dbronson@blanchardtel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
<p>I certify that (Name of Agent) <u>John Staurukakis, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.</p>	
Name of Authorized Agent:	John Staurukakis, Inc.
Name of Reporting Carrier:	BLANCHARD TEL ASSN
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Officer:	Duane Bronson
Title or position of Authorized Officer:	Exec. VP / GM
Telephone number of Authorized Officer:	989-561-9930
Study Area Code of Reporting Carrier:	310678 Filing Due Date for this form: 10/15/2013
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
<p>I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.</p>	
Name of Reporting Carrier:	BLANCHARD TEL ASSN
Name of Authorized Agent or Employee of Agent:	John Staurulakis, Inc.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/11/2013
Printed name of Authorized Agent or Employee of Agent:	Cassandra Heyne
Title or position of Authorized Agent or Employee of Agent:	Senior Analyst
Telephone number of Authorized Agent or Employee of Agent:	3014597590
Study Area Code of Reporting Carrier:	310678 Filing Due Date for this form: 10/15/2013
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

Attachments

Blanchard Telephone Company's Demonstration of Compliance with Applicable Service Quality Standards and Consumer Protection Rules:

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”² The Commission found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”⁴

Blanchard Telephone Company (“Company”) hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under state law. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of The Michigan Public Service Commission (MPSC), as specified in Section 202(b) of the Michigan Telecommunications Act (MTA) and MPSC Case No. U-11103, which disclose rates, terms and conditions of service to customers; (2) adherence to Michigan state consumer protection requirements governing telephone providers,

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

⁴ *Id.* at n. 72.

Prohibitions as identified in Sections 305 and 502 of the MTA, Costing Procedures as determined by the MPSC in Case No. U-11103, and Compliance with Anti-Slamming Procedures as adopted in MPSC Case No. U-11757 and Case No. 11900; and (3) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Blanchard Telephone Company's Demonstration of Ability to Function in Emergency

Situations:

Blanchard Telephone Company ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ and the Michigan Telecommunications Act (MTA). The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites in accordance with the specifications identified in Section 305c(a) of the MTA, 484.2305c Emergency power requirements; compliance.

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

Blanchard Telephone Company
M.P.S.C. No. 1R

Original Sheet No. 12

LOCAL TELEPHONE EXCHANGE SERVICE

LIFELINE SERVICE

A. DESCRIPTION

1. Lifeline Service is available no later than December 1, 1990, applies discounts to monthly recurring rates for qualifying residential customers. These discounts are applied to existing tariffed rates and charges for residential telephone service.
2. In order to be eligible for Lifeline service a residential customer's annual income must be at or below 150% of the poverty level as determined by the United States Office of Management and Budget and as approved by the State Treasurer, or the customer must participate in any of the following federal assistance programs: (a) Medicaid; (b) Food Stamps; (c) Supplemental security income; (d) Federal public housing assistance; (e) Low-income home energy assistance program; (f) National school lunch program's free lunch program; (g) Temporary assistance for needy families
3. Lifeline Service includes the services and functionalities enumerated in by the F.C.C. as follows: voice grade access to the public switched network; local usage; dual tone multi-frequency signaling or its functional equivalent; single-party service or its functional equivalent; access to operator services; access to interexchange service; access to directory assistance; and toll blocking for qualifying customers.
4. Other services can be provided with the Lifeline service at applicable rates and charges.

B. REGULATIONS

1. Regulations specified elsewhere in the Company's tariffs apply to Lifeline service.
2. Lifeline service is available only with residence services, excluding foreign exchange service. Lifeline service is limited to one line per household at the customer's primary residence.
3. A miscellaneous service charge does not apply when Lifeline service is added or discontinued to existing service when that is the only work being done.



Issued: January 1, 2008
By: Ronald Farrel, President

Effective: January 1, 2008
Blanchard, Michigan

Blanchard Telephone Company
M.P.S.C. No. 1R

Original Sheet No. 12.1

LOCAL TELEPHONE EXCHANGE SERVICE

LIFELINE SERVICE

B. REGULATIONS (Cont'd)

4. a. A discount of 20% of the Basic Local Exchange rate or \$11.25, whichever is greater, on the monthly rate for residential exchange service for Lifeline customers is applicable. For Lifeline customers 65 years of age or more, the discount will be 25% of the Basic Local Exchange rate or \$12.35, whichever is greater. The total discount shall not exceed 100% of all end-user common line charges and the Basic Local Exchange rate.
- b. The credit will be applied in the following order: (1) The Interstate End User Access Charge, National Exchange Carriers Association, Inc., Tariff F.C.C. No. 5, Access Service. (2) End User Common Line Charge, Michigan Exchange Carriers Association (MECA), Tariff M.P.S.C. No. 25, Part XVII, Section 17.1.2. and (3) The balance of the credit, if any, will be applied as a credit to the basic residential service.
- c. The Company will provide, at the qualifying customer's option, toll blocking service at no charge. The Company defines toll blocking as a service provided by the Company that lets the customer elect not to allow the
- d. The Company will not require a service deposit in order to initiate Lifeline Service if the qualifying customer voluntarily elects toll blocking services.
- e. The Company will not disconnect Lifeline Service for non-payment of toll charges by qualifying customers.
5. The Lifeline plan will apply after receipt and processing of a completed Company or community/government provided application, including documentation indicating that the household income meets the eligibility standards established above.
6. Customers of Lifeline Service must notify the Company of any changes which would affect qualification. Reverification of eligibility will take place on an ongoing basis. When the customer is no longer eligible for Lifeline service, the Lifeline discount will be discontinued and regular tariff rates and charges would apply.

Michigan Public
Service Commission

01/14/2008

Approved

Issued: January 1, 2008
By: Ronald Farrel, President

Effective: January 1, 2008
Blanchard, Michigan

Blanchard Telephone Company
M.P.S.C. No. 1R

Original Sheet No. 6

LOCAL TELEPHONE EXCHANGE SERVICE
BASIC SERVICE RATES

Exchange: BLANCHARD

A. GENERAL

The rates shown below entitle the customer to local dialed calls without charges (except semi-public) to all stations bearing the designation of a central office of the following exchanges that comprise the Local Service of the Blanchard Exchange.

Blanchard	Edmore	Lakeview	Mecosta	Mt. Pleasant	Remus	Six Lakes
Weidman	Winn					

Blanchard will block calls dialed 1-plus to stations within the Blanchard, Edmore, Lakeview, Mecosta, Mt. Pleasant, Remus, Six Lakes, Weidman, Winn. Blanchard will treat calls dialed without 1-plus to the Local Service Area as local calls and Blanchard will bill those calls according to this tariff.

B. MONTHLY RATES

..	<u>Class of Service</u>	1-Party Without <u>Telephone Set</u>
..	Business	
..	6 or fewer lines	\$ 24.17
	7 or more lines	21.67
	Educational	21.67
	Residence	22.42
..		

C. LOCAL MOU RATE

For calls dialed to a station bearing the designation of the Blanchard central office, the Company will not charge a local MOU rate.

For calls dialed to a station bearing the designation of the Edmore, Lakeview, Mecosta, Mt. Pleasant, Remus, Six Lakes, Weidman, Winn exchanges, the Company will charge the following:

First 2,000 Conversation MOU in each billing period	\$0.00 per Conversation MOU
Each Conversation MOU over 2,000 that billing period	\$0.05 per Conversation MOU

The Company will measure Conversation MOU from the time when the Company's switching equipment receives answer supervision to the earlier of when the Company's switch receives disconnect supervision from either its switch or the terminating switch. The Company will measure local Conversation MOU to the next higher whole MOU per call.

The Company will not bill the end user for non-conversation time related to local calls.

Local Conversation MOU billing will not apply to 0-plus and 0-minus calls.

The Company will not provide call record detail for local usage on the monthly bills.

No Conversation MOU are carried forward from month to month.

Calls made to a telephone number with an NPA NXX that is associated with the rate center that is within the customer's local calling area are local calls regardless of the physical location of the called party.

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01/14/2008

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Blanchard, Michigan

REDACTED - FOR PUBLIC INSPECTION
Michigan Lifeline Administration Service

LIFELINE APPLICATION

**Eligible customers will receive \$11.25 off their monthly phone bill
and seniors aged 65 and older can receive additional discounts.**

TOLL FREE 1-866-321-2323

To apply for Lifeline Service, complete the application below and send it to:

**Lifeline Administration Service
PO Box 11037, Lansing, Michigan 48901 OR fax to 517-482-3548**

IDENTIFICATION INFORMATION (PLEASE PRINT)

Applicant's phone number:		Name of phone company:	
Date of Birth:		Last 4-digits of Social Security Number:	
Last Name:		First Name:	M.I.:
Street: Residential street address only; FCC regulations prohibit the use of P.O. Boxes for the Lifeline program			
City:		State:	ZIP Code:
This is my permanent address: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Billing Address, City, State and Zip Code (if different from Service Address)			
There are multiple unique households (e.g. nursing home, assisted living facility) at my address, as defined in this program.		YES <input type="checkbox"/>	NO <input type="checkbox"/>

PROGRAM QUALIFICATION INFORMATION

To be eligible for Lifeline discounts, regulations require you to qualify via one of the two methods below. Please fill out one section only.

Method 1. My income is within the guidelines and I am providing the following photocopies that document my total household income, which is stated below. Please check all that apply.

TOTAL MONTHLY INCOME: \$ **NUMBER OF HOUSEHOLD MEMBERS:**

# of Household Members	Gross Monthly Income	Gross Annual Income*
1	\$1,436	\$17,235
2	\$1,939	\$23,265
3	\$2,441	\$29,295
4	\$2,944	\$35,325

*Add \$6,030 (\$503 monthly) for each additional household member.

<input type="checkbox"/> Prior year's state or federal tax return.	<input type="checkbox"/> Current Annual Income Statement from Employer
<input type="checkbox"/> Social Security statement of benefits	<input type="checkbox"/> Paycheck stubs or other official document containing income information for any 3 consecutive months within last 12 months
<input type="checkbox"/> Retirement/pension statement of benefits	<input type="checkbox"/> Veterans Administration statement of benefits
<input type="checkbox"/> Unemployment/Worker's Compensation Statement of Benefits	<input type="checkbox"/> Divorce decree or child support document containing income information

Method 2. I, or the member of my household named below, receives assistance from one of the listed programs. I am providing documentation of participation in the checked program.

Name: _____

<input type="checkbox"/> Food stamps	<input type="checkbox"/> Federal Public Housing Assistance or Section 8
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> National School Lunch – Free Lunch Program
<input type="checkbox"/> Low-Income Home Energy Plan (LIHEAP)	

LIFELINE ADMINISTRATION SERVICE PROCESSES APPLICATIONS FOR THE FOLLOWING COMPANIES

Ace Communications	Chippewa County Telephone Company	Sand Creek Telephone Company
Allendale Telephone Company	Climax Telephone Company	Southwest Michigan Communications
Baraga Telephone Company	Deerfield Farmers' Telephone Co.	Springport Telephone Company
Barry County Telephone Company	Hiawatha Telephone Company	TDS Telecom
Blanchard Telephone Company	Kaleva Telephone Company	Thumb Cellular
Bloomington Communications	Lennon Telephone Company	Upper Peninsula Telephone Company
Carr Telephone Company	Michigan Central Broadband Co.	Waldron Telephone Company
CenturyLink of Michigan	Midway Telephone Company	Westphalia Broadband, Inc.
CenturyLink of Midwest Michigan	Ogden Communications	Westphalia Telephone Company
CenturyLink of Northern Michigan	Ontonagon County Telephone Co.	Winn Telecom
CenturyLink of Upper Michigan	Pigeon Telephone Company	Winn Telephone Company
Chapin Telephone Company		

For more information, please call 1-866-321-2323.

If your phone company is not on the list above, please contact them directly to apply for Lifeline discounts.

APPLICANT ACKNOWLEDGEMENTS**PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS TO INDICATE THAT YOU UNDERSTAND AND AGREE:**

- I understand and consent to Lifeline Administration Service providing my Lifeline service account information, including but not limited to, my name, residential address, phone number, date of birth, the last 4 digits of my social security number, the date on which my Lifeline service was initiated/terminated, the amount of Lifeline support provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, Lifeline Administration Service will deny me Lifeline service.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Lifeline support is only available for a single phone line at my principal residence and no one else in my household is receiving Lifeline discounts. (A "household" is defined as any individual or group of individuals who live together at the same address and share income and expenses.)
- Violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
- I understand that if I am identified as receiving more than one Lifeline benefit, all telephone service providers involved may be notified so that I may select one service and be de-enrolled from the other(s).
- I will notify my telephone company within 30 days if I no longer qualify for Lifeline and I may be subject to penalties if I fail to do so.
- I will notify my telephone company within 30 days of any changes to my residential address.
- I will be required to certify my continued eligibility for Lifeline at least once a year and know failure to do so will result in termination of my participation in the program.

APPLICANT SIGNATURE

I certify, under penalty of perjury, that the information provided in this application and supporting documentation is true and complete.

Signature:

Date:

REVISED 2/2013

Certification of Officer - Unaudited Financial Statement

Pursuant to § 54.313(f)(2)(iii), I certify that I am an officer of the reporting carrier; the reporting carrier was not audited in the ordinary course of business for the preceding fiscal years of 2011 and 2012; and, to the best of my knowledge, the data reported are accurate.

Name of Reporting Carrier				Blanchard Telephone Co.					
Signature of Authorized Officer			<i>Duane Bronson</i>			Date		<i>10/11/13</i>	
Printed name of Authorized Officer				Duane Bronson					
Title or position of Authorized Officer				Exec. VP / GM					
Telephone number of Authorized Officer.				(989) 561-9930 ext. _ _ _ _					
Study Area Code of Reporting Carrier			310678		Filing Due Date for this Form			<i>10/15/13</i>	

REDACTED – FOR PUBLIC INSPECTION

BLANCHARD TELEPHONE COMPANY (SAC 310678)

ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY